

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2523

PLACE OF DEATH

County Pike Co. Mo.
Township Salt River
City (No.) (No.)

Registration District No. 727
Primary Registration District No. 5-969

File No.
Registered No.
St. Ward)

2. FULL NAME Virian D. Epperson

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Lippie Roberson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14-1885
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 6 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pike Co. Mo. 1
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James B. Epperson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Laura Barnard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT Ora Lippie Epperson
(Address) Oakburn Mo.

15. FILED 1/30/31 Geo. C. Conally
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 - 1931
17. I HEREBY CERTIFY, That I attended deceased from June 9, 1930 to Dec 20, 1930 that I last saw him alive on Dec 8, 1930, and that death occurred, on the date stated above, at 2:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Left Pleura
1165
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS X-ray
(Signed) H. J. Waters, M. D.
17-21, 1930 (Address) New London Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Antenay Cemetery DATE OF BURIAL Jan. 22 1931

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EB 20 1931

